



Electronic Recording Delivery System Request for Approval of Substantive Modification(s)

TYPE OR PRINT (IN INK) ALL INFORMATION
REQUESTED ON THE APPLICATION FORM.
SIGNATURE MUST BE ORIGINAL.

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

SECTION A (COUNTY RECORDER)

COUNTY		COUNTY RECORDER NAME		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ()	FAX ()	E-MAIL		
CONTACT NAME (if any)				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ()	FAX ()	E-MAIL		

SECTION B (CHECK LIST)

The following documentation shall be submitted in conjunction with the submission of this form.

CHECK THE BOX IF A COPY OF THESE ITEMS ARE ATTACHED:	
<input type="checkbox"/>	PROOF OF ESCROW LETTER OF DEPOSIT
<input type="checkbox"/>	DOJ APPROVED COMPUTER SECURITY AUDITOR CONTRACT
<input type="checkbox"/>	SUCCESSFUL MODIFIED SYSTEM AUDIT REPORT
<input type="checkbox"/>	SUB-COUNTY APPLICATION (ERDS 0001B) AND REQUIRED DOCUMENTATION, IF APPLICABLE.
<input type="checkbox"/>	REVISED LEAD COUNTY RESOLUTION TO PARTICIPATE IN A MULTI COUNTY ERDS.

I declare under penalty of perjury under the laws of the State of California that all the information contained herein is true and correct.

Signature: _____ Print Name: _____ Date: _____

Application Submission

The information on this application and all documentation becomes the property of the Department of Justice and will be used by authorized personnel. All documentation submitted shall be exempt from disclosure pursuant to the Information Practices Act of 1977, Civil Code Section 1798 et seq.

Mail to: State of California
Department of Justice
CJIS Operations Support Bureau
Electronic Recording Delivery System Program
P.O. Box 160526
Sacramento, CA 95816-0526